

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039643
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 188

FILED OCT 25 1963

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u>		Length of stay in 1b <u>13 years</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1611 Mable St</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>H.</u> Last <u>Brazelton</u>		4. DATE OF DEATH Month <u>Oct</u> Day <u>22</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/10/1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railway Stores clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Supply</u>	
11a. FATHER'S NAME <u>Alex Brazelton</u>		11b. MOTHER'S MAIDEN NAME <u>Ella Hayworth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>EXIE BRAZELTON</u>	
17. INFORMANT <u>EXIE BRAZELTON</u>		18. NAME OF HUSBAND OR WIFE <u>EXIE BRAZELTON</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Primary occlusion</u> DUE TO (b) <u>arterio sclerosis heart disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>2 Ls</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>arterio sclerosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Trenton Mo</u>	
21. I attended the deceased from <u>July 1962</u> to <u>Oct 22 63</u> and last saw him alive on <u>Oct 21, 63</u>		Death occurred at <u>6:15 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>E. J. Harris MD</u> (Degree or title)		22b. ADDRESS <u>Trenton Mo</u>	
22c. DATE SIGNED <u>10/23/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Oct 24, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Trenton, I.O.O.F.</u>	
23d. LOCATION (City, town, or county) <u>Trenton, Mo.</u>		24. FUNERAL DIRECTOR <u>J. Gordon Blackmore Trenton, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>10-24-63</u>		26. REGISTRAR'S SIGNATURE <u>Drene Fair</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Moirs.

(Licensed Embalmer's Statement on Reverse Side)

FEB 4 1964

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STATEMENT BY LICENSED EMBALMER

0-08

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address IREXTON, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.